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## PARKS PROGRAM Registration Form 2015

### Wednesday, July 8- Friday, August 14

**Location:** Pocasset Field  
**Head Instructor:** Sandy DaSilva  
**Age Requirement:** 6-12 years old  
**Program Hours:** 9:30am-2:30pm  
**Instructor: Child Staffing** 1:10

**Description of activities:**

- The Parks Program provides a fun, social building environment where children can partake in organized games and activities.
- Children need to bring a bagged lunch each day.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age (as of June 1, 2015): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (beginning fall 2015): \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ I am able/prefer to receive Texts: Yes ☐ No ☐

\*Email: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

**\*Email and at least one phone number required, as we send all information including program changes/cancelations via email & phone.**

**Fee & Payment Information:**

\$100 per child

\$75 per additional sibling

**OFFICIAL USE:**

Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash✓: \_\_\_\_\_

- ❖ **Make Check(s) payable to Town of Tiverton**
- ❖ **Registration and Waiver Forms must be completed with payment enclosed. It may be dropped off at the Town Clerk's Office with "Summer Recreation" written on outside or mailed to Town Hall at 343 Highland Road, Tiverton, RI 02878.**
- ❖ **Last day to register July 3, 2015.**
- ❖ See the Waiver Form for refund policy.
- ❖ This is a Town of Tiverton Program

# Waiver Form for: \_\_\_\_\_

(PRINT CHILD'S NAME)

OFFICIAL USE:			
PP		SB	BB
LAX	CC	BS	HA

1. I, the parents/guardian of the name child, hereby give my approval for his/her participation in any/all activities during the Tiverton Recreation Commission's 2015 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child.

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Commission does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions: \_\_\_\_\_

Medications to be administered: Name, dosage and time: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Does he/she carry an EPIPEN? \_\_\_\_\_ Is your child asthmatic? \_\_\_\_\_ Does he/she carry an inhaler for asthma? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ #: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Tiverton Recreation Commission involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Tiverton Recreation Commission and the Town of Tiverton, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** A written withdrawal request **received prior to the start** of the program will receive the full program fee. A written withdrawal after the start of the program will receive no refund.

Parent / Guardian \_\_\_\_\_

Signature

Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please print

## EMERGENCY CONTACT INFORMATION: Please list in order of preference and include parents/guardians:

	Name	Phone	Relationship to Child
Call	1 <sup>ST</sup> : _____		
	2 <sup>ND</sup> : _____		
	3 <sup>RD</sup> : _____		